U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
1. File Number U - 1.0 63 9	2. Fiscal Year Covered From:			
	1 / 2064 Through: 12 / 31 / 2064			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name MICHAEL J WENTZ	Name Coment Masons Local # 528			
	Labor Organization File Number 전片7·3당6			
P.O. Box, Bldg., Room No., if any Suite 101	P.O. Box, Building and Room Number, if any Softe IOI			
Street 14675 - Interurban Ave South	Street 14675 - Interurban Ave South			
City Tokwila	City T. Kunta			
State Washington ZIP Code + 4 98168	State Washington ZIP Code + 4 98168			
5. Position in labor organization. Labor Trustee-Lement M.	asons Health + Welford & Pension Trist			
Enter appropriate data below if, during the past fiscal year, you or your spous (except as specified in the excluse A.* Held an interest in, engaged in transactions (including loans) with, or do monetary value from an employer whose employees your organization	erived income or other economic bonefit of			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	7.5. Allound			
City City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Pe submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section.)	documents), has been examined by the signatory and is, to the best of the			
Signed Wichael S. Went	On 3-15-05 206-441-9386 Date Telephone Number			

Name of Person Filling MICHAEL J. WENTZ	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or adjrectly to or otherwise
8. Name and address of Business (including trade name, if any). Name Cement Masons & Plesterers Trust Funds Trade Name, if any: Administration Office P.O. Box, Bldg., Room No., if any Surfe 3ds * R.O. Box 34263 Street 2815 2nd Ave. City Scottle State Washington ZIP Code + 4 48124-1203	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Cement Masons & Plasterers Trust Funds Trade Name, if any: Administration Office P.O. Box, Bldg., Room No., if any PO Box 34203 - Suite 3d0 Street 2815 2nd Ave City Seattle State Washington ZIP Code + 4 98124-1203	11.a. Nature of such dealing. Conference Continuing Training @ Finternational Foundation Meeting in New Orleans, At includes curtare for me 4401:40 +1000:00 expense advance, Meeting was cancelled due to Hurriane Trans. I refunded 1000:00 to the trust. Also pre registration if thotal Deposit to uptoming conference being held in Honolub in 2005. Plun 2004 350.00 (4) 900:00 = 13:0.00 11.b. Approximate dollar value of such dealing. 1771.40 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City []	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

FRONTERARLINES

Electronic Ticket Receipt and Itinerary

Michael Wentz 15014 29th Ave West Lynnwood, WA 98037 CONFIRMATION CODE

V69R1Q

PASSENGER RECEIPT AND ITINERARY (non-negotiable)

-				(-/	
DATE	FLIGHT	DEPART	TIME	ARRIVES	TIME	SEATS
Sep 18, 2004 (Sat)	F9 618	Seattle, WA - Seattle/Tacoma Intl	6:30 AM	Denver, CO - Denver Intl Airport	10:00 AM	
Sep 18, 2004 (Sat)	F9 738	Denver, CO - Denver Inti Airport	10:50 AM	New Orleans, LA - International	2:20 PM	
Sep 23, 2004 (Thu)	F9 577	New Orleans, LA - International	3:05 PM	Denver, CO - Denver Inti Airport	4:50 PM	14E 14F
Sep 23, 2004 (Thu)	F9 811	Denver, CO - Denver inti Airport	5:45 PM	Seattle, WA - Seattle/Taçoma Intl	7:25 PM	

^{*} Flights 4000 - 4349 operated by Horizon Air

^{*} Flights 5000 - 5999 operated by Great Lakes Aviation

		E-TICH	(ET TOTAL:	\$922.80
Anton/Marla	42221501886351	\$391.62	\$69.78	\$461.40
Wentz/Michael	42221501886340	\$391.62	\$69.78	\$461.40
PASSENGER NAME(S)	TICKET NUMBER(S)	FARE	TAX	TOTAL .

Please plan to arrive at the ticket counter two hours before departure.

You must have a boarding pass with seat assignment and be at the gate at least 20 minutes prior to departure or you may need to be reaccommodated on another Frontier Airlines flight.

FORM OF PAYMENT:

CC VI **********7128 Expires 09/06

FARE RULES:

ELECTRONIC TICKET REMINDERS

Your ticket is electronic and stored in our computer system.

As with all airline tickets, your electronic ticket is non-transferrable.

Any changes to your itinerary may result in a \$100 change fee and any applicable fare difference.

If your travel plans change, please contact Frontier Reservations.

www.frontierairlines.com

Toll Free (800) 432-1359

Please note baggage policy change in effect as of June 1, 2004:

For each ticketed passenger, Frontier Airlines, Inc., will carry free of charge two bags not to exceed 50 pounds per piece. Each ticketed passenger may also carry-on one bag and one personal item (i.e. purse, a briefcase, a laptop). This limitation applies to items clearing security screening checkpoints as well as items allowed onboard the aircraft.

Thank you for choosing Frontier Airlines Electronic Ticket Service.

& IFEBP Aufare

Wichael J- West

pense advance 1,000.00/ 9/1/04
paid brack to Trust

CEMENT MASONS AND PLASTERERS RETUREMENT TRUST

32250

IFEBP AIRFARE 2004

IFEBP EXPENSE ADVANCE 2004

836 730 836 730

461.40

1,461.40

CEMENT MASONS AND PLASTERERS RETIREMENT TRUST

P.O.BOX 34203 SEATTLE, WA 98124-1203 ® ® Bank of America
Central Branch, 500 Olive Way
Seattle, Washington 96101
CASC

19-2/1250

32250

ONE THOUSAND FOUR HUNDRED SIXTY ONE AND ACYTOO DOCLARS

DATE SEPTEMBER 07,2004 AMOUNT 1,461,40

TO THE MICHAEL WENTZ
ORDER 15014 - 29TH AVENUE WEST
LYNNWOOD, WA 98037

NOTNEGOTIABLE

Cement Masons and Plasterers Trusts 2004 Meeting Expenses

Michael Wentz		
2005 - IFEBP - Honolulu	Hotel Deposit	\$350.00
	Registration	\$960.00